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327

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant 1 Request for Capias 1 JUVENILE

ADVISORY: Agency ORI Number **0502000** Agency Name **Lantana Police Department** Agency Report Number (N/A's only) **61418-001241**

Charge Type: Felony Misdemeanor Ordinance Traffic Misdemeanor

Location of Arrest (Including 1 lane of Business): **100 BLK S BROADWAY LANTANA FL 33462** Location of Office (Business 1 lane, Address): **100 BLK S BROADWAY LANTANA FL 33462**

Date of Arrest: **05/29/2018** Time of Arrest: **18:59** Booking Date: **05/29/2018** Booking Time: **19:33** Jail Date: **05/29/2018** Jail Time: **19:25** Location of Vehicle: **TOWED TO PRIORITY**

NAME (Last, First, Middle): **CANTY, JENNIFER E** Alias: _____

Race: **W - White** Sex: **F** Date of Birth: **09/04/1988** Height: **5'05** Weight: **150** Eye Color: **GREEN** Hair Color: **BLACK** Complexion: **LIGHT** Build: _____

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **TATTL WRIST/CROSS** Mental Status: **S** Religion: _____

Local Address (Street, Apt. Number): **17 KENILWORTH RD, YONKERS, NY 10701** Phone: **(917) 309-1579**

Permanent Address (Street, Apt. Number): **17 KENILWORTH RD, YONKERS, NY 10701** Phone: **(917) 309-1579**

Business Address (Name, Street): _____ Phone: _____ Occupation: **DL**

DL Number, State: **635778349 / NY** Sex: _____ Height: _____ HIS Number: _____ Place of Birth (City, State): **BRONX, NY, United** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____

Parent / Other: _____ Name (Last, First, Middle): _____

Legal Custodian: _____

Address (Street, Apt. Number): _____ (City) _____ (State) _____ (Zip) _____

Business Phone: _____

Notified by (Name): _____ Date: _____ Time: _____

Released To (Name): _____ Date: _____ Time: _____

JUVENILE DISPOSITION: Released/Processed within Department and Released TOT JAC Incarcerated

The above address was provided by defendant and/or the child and/or parent was told to keep the Juvenile Cr (Phone 355-2526) informed of any change of address Yes, by No

Property Criminal: Yes No Description of Property: _____ Value of Property: _____

Drug Activity: Sell Buy Possess Traffic Other

Drug Type: Marijuana Cocaine Heroin Ecstasy Other

Charge Description: **DUI-DRIVING UNDER THE INFLUENCE** Status Violation Number: **316.193(1)** Violation of ORD #: _____

Drug Activity: **N** Drug Type: **/** Amount / Unit: **/** Offense #: **18-001241** Counts: **1** Domestic Violence: Y N

Health / Apparent Physical Condition of Defendant: **GOOD**

Check which applies: Released OR Released to Parent/Juvenile TOT (County Jail) South County Mental Health

PROPERTY - Received By: _____ Released By: _____

Transported By: _____ Date Transported: **//** Time Transported: _____ Other: _____

INSTRUCTION NO. 1 - Mandatory appearance in court

INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **200 W Atlantic Ave, DELRAY BEACH**

Court Date and Time: **06/25/2018 08:30:00**

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (for Juvenile and Parent/Custodian): _____ Date Signed: _____

HOLD At Other Agency: _____ Signature of Arresting Officer: _____ Name of Arresting Officer (Print): **CHURCH, RYAN** ID #: **877**

Transferring Officer: **OFC CHURCH** ID #: **877** Agency: **LPD**

Home Verification (Filled by Arrestee): _____ (PRINT)

Witness here if subject signed with an "X": _____

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS DEFENDANT

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No Photo Available 2018 MAY 30 AM 8:19

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF May 20 18 AT 1859 AM / PM
SUBJECT: Jennifer Canty CASE NUMBER: 18-001241
AGENCY: Lantana Police Dep ARRESTING OFFICER: R. Church 877

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On May 20, 2018 at 1839 hours I responded to a drunk driver call in the 100 block of South Broadway, Lantana, Florida, 33462. I arrived on scene and observed a 2012 in color white Lexus bearing Florida tag number YU999 parked on the swale of an empty lot. There was a white female, later identified as Jennifer Canty (DOB 09/04/1988) sitting inside a silver Toyota which belonged to witness Michaelis Brown (DOB 05/06/1963.) Michaelis advised he witnessed Jennifer driving behind the wheel of the Lexus****See attached report for more

OBSERVATION OF DRIVER:

I then made contact with Jennifer who stood up and was visibly swaying, Jennifer had bloodshot and glassy eyes, and I could smell the odors of the impurities of an unknown alcoholic beverage emanating from her.

DRIVER'S STATEMENTS:

Jennifer stated she had consumed alcohol earlier in the day and it was approximately two drinks. Jennifer stated she usually takes medication but had not taken it yet today.

ODORS:

Impurities of an Alcoholic beverage emanating from Jennifer

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: alternating between cooperative and whining

CLOTHING: ok

MEDICAL / OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

Signature of Arresting / Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of May 20 18 by

Signature of Arresting / Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced

Signature of Public Clerk of Court Officer (F.S. 17.10)

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R. Church 877

WITNESS LIST

CASE NUMBER: 18001241

ARRESTING OFFICER	R. Church 877
ADDRESS	901 N 8th Street, Lantana, Florida, 33462
PHONE NUMBERS (HOME)	561-540-5701 (WORK)
CAN TESTIFY TO:	SFSE's arrest
NAME:	OFC J Dorfman
ADDRESS	901 N 8th Street, Lantana, Florida, 33462
PHONE NUMBERS (HOME)	561-540-5701 (WORK)
CAN TESTIFY TO:	SFSE's arrest
NAME:	Michaelis Brown
ADDRESS	6393 Hog Cay Trail Lake Worth, Florida, 33462
PHONE NUMBERS (HOME)	954-290-4047 (WORK)
CAN TESTIFY TO:	Actual control of vehicle
NAME:	Logul Jean
ADDRESS	338 West Ocean Avenue apt 2, Lantana, Florida, 33462
PHONE NUMBERS (HOME)	561-530-9931 (WORK)
CAN TESTIFY TO:	Actual control of vehicle
NAME:	
ADDRESS	
PHONE NUMBERS (HOME)	(WORK)
CAN TESTIFY TO:	
NAME:	
ADDRESS	
PHONE NUMBERS (HOME)	(WORK)
CAN TESTIFY TO:	
NAME:	
ADDRESS	
PHONE NUMBERS (HOME)	(WORK)
CAN TESTIFY TO:	
NAME:	
ADDRESS	
PHONE NUMBERS (HOME)	(WORK)
CAN TESTIFY TO:	
NAME:	

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SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

SUBJECT: _____ CASE NUMBER: _____ 41

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

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SUSPECT'S SIGNATURE: (X) _____

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018017956	Date: 05/30/2018
	Specialist Name/ID: D.Beavers/9606

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JUN 01 2018